

FILED JAN 6 1951

STANDARD CERTIFICATE OF DEATH

State File No. 40451

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. No 3021 Registrar's No. 162

1. PLACE OF DEATH

a. COUNTY

GRUNDY

b. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN TRENTONc. LENGTH OF
STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

MISSOURI

b. COUNTY

GRUNDY

c. CITY (If outside corporate limits, write RURAL and give township)
OR
TOWN TRENTONd. STREET
ADDRESS

(If rural, give location)

204 W 6th STREET

3. NAME OF
DECEASED
(Type or Print)

a. (First)

EDDY

b. (Middle)

GUY

c. (Last)

THOMPSON

4. DATE
OF
DEATH

(Month)

(Day)

(Year)

DEC.

10,

1950

5. SEX

0

6. COLOR OR RACE

W

7. MARRIED, NEVER MARRIED,
WIDOWED, DIVORCED, (Specify)

NEVER MARRIED

8. DATE OF BIRTH

AUG. 13, 1872

9. AGE (In years
last birthday)

78

IF UNDER
1 YEAR

3

DAYS

23

IF UNDER 24 HRS.
Hours

Mins.

10a. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

BUTCHER

10b. KIND OF BUSINESS OR IN-
DUSTRY

BROOM FIELD, IOWA

12. CITIZEN OF WHAT
COUNTRY?

13a. FATHER'S NAME

JAMES A. THOMPSON

13b. MOTHER'S MAIDEN NAME

CINDERELLA MYERS

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY
NO.

17. INFORMANT'S SIGNATURE OR NAME

EARNEST THOMPSON

ADDRESS

TRENTON, MISSOURI

18. CAUSE OF DEATH

Enter only one cause per
line for (a), (b), and (c)I. DISEASE OR CONDITION
DIRECTLY LEADING TO DEATH*(a)

Coronary Occlusion

INTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving
rise to the above cause (a) stating
the underlying cause last.Chronic Arteriosclerotic Heart
Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not
related to the disease or condition causing death.

4200

19a. DATE OF OPERA-
TION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

21b. PLACE OF INJURY (e.g., in or about
home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

21d. TIME
OF
INJURY.

(Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from on 12-10, 1950, to as coroner, that I last saw the deceased
alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE

J. C. J. J. J.

(Degree or title)

MD

23b. ADDRESS

Trenton, Mo

23c. DATE SIGNED

12-11-50

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

12-12-50

24c. NAME OF CEMETERY OR CREMATORY

ODD FIELDS CEMETERY

24d. LOCATION (City, town, or county)

TRENTON, GRUNDY, MISSOURI

DATE REC'D BY LOCAL
REG.

12-11-50

REGISTRAR'S SIGNATURE

J. C. J. J. J.

25. FUNERAL DIRECTOR'S SIGNATURE

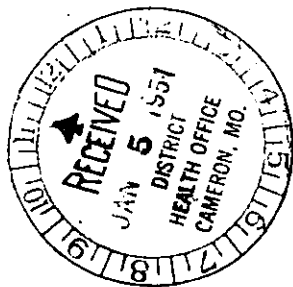
Charles D. Simpson

ADDRESS

Trenton, Missouri

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Charles D. Lujan

Licensed Embalmer No. 3109

P. O. Address Gretna, Missouri

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.